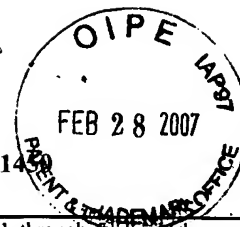


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Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
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7590

12/04/2006

WENDEROTH, LIND & PONACK, L.L.P.

2033 K STREET N. W.

SUITE 800

WASHINGTON, DC 20006-1021

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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/089,883

01/10/2003

Yoshihiro Urade

2002-0487A

1364

TITLE OF INVENTION: ANIMAL WITH THE MASS EXPRESSION OF HUMAN GENE AND TEST METHOD BY USING THE ANIMAL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

NO

\$1400

\$0

\$0

\$1400

03/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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MONTANARI, DAVID A

1632

800-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Wenderoth, Lind & Ponack, L.L.P.

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

- 1) Japan Science and Technology Corporation
 2) Osaka Bioscience Institute Corporation
 3) Oriental Yeast Co., Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

- 1) Saitama, JAPAN
 2) Osaka, JAPAN
 3) Tokyo, JAPAN

01/02/2007 MAIL-02 00000051 10089883

01 FC:1501

1400.00 0P

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jay F. Williams

Date February 28, 2007

Typed or printed name Jay F. Williams

Registration No. 48,036

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